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ABSTRACT

This study examined separation-individuation development issues for young adult women, from the perspective of object-relations theory. Its purpose was to explore a woman's perception of her relationship with mother as it is affected by age and request for psychotherapy as well as the relationship between mother-daughter bond and personality characteristics. Ninety-six women from 17 to 40 years of age volunteered to participate. They were grouped into two age ranges. Life Stage 1 women were 17-22 years of age, while Life Stage 2 women ranged from 23-40. Each woman completed a demographic data questionniare, the Identity vis-a-vis Mother Questionnaire (IVM-20) and the Clinical Analysis Questionnaire (CAQ). The IVM-20 contains four scales, each designed to measure a unique mother-daughter relationship: Indivdiuated, Symbiosis, Practicing, and Distancing. Individuated showed no differences as a function of age or psychotherapy, but it was correlated with emotional stability, assertiveness and self-assurance. The Practicing scale was higher for women seeking psychotherapy and it was correlated with emotional instability, apprehension and tension. Symbiosis was also related to seeking psychotherapy and was correlated with submission, self-reliance and apprehension. Distancing was high in the younger women and was correlated with assertiveness, enthusiasm, self-assurance and group dependence. The findings indicate that a woman's perception of her identity vis-a-vis mother relates to personality variables and acknowledgement of emotional distress. (Author)

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Separation - Individuation in Female Adult Development

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Abstract

This study examined separation-individuation developmental issues for young adult women, from the perspective of object-relations theory. Its purpose was to explore a woman's perception of her relationship with mother as it is affected by age and request for psychotherapy as well as the relationship between the mother-daughter bond and personality characteristics. Ninety-six women from 17 to 40 years of age volunteered to participate. They were grouped into two age ranges. Life Stage 1 women were 17-22 years of age, while Life Stage 2 women ranged from 23-40. Each woman completed a demographic data questionnaire, the Identity vis-a-vis Mother Questionnaire (IVM-20) and the Clinical Analysis Questionnaire (CAQ). The IVM-20 contains four scales, each designed to measure a unique mother-daughter relationship: Individuated, Symbiosis, Practicing and Distancing. Individuated showed no differences as a function of age or psychotherapy, but it was correlated with emotional stability, assertiveness and self-assurance. The Practicing scale was higher for women seeking psychotherapy and it was correlated with emotional instability, apprehension and tension. Symbiosis was also related to seeking psychotherapy and was correlated with submission, self-reliance and apprehension. Distancing was high in the younger women and was correlated with assertiveness, enthusiasm, self-assurance and group dependence. The findings indicate that a woman's perception of her identity vis-a-vis mother relates to personality variables and acknowledgement of emotional distress.

Introduction

Margaret Mahler's (1975) theory of separation-individuation delineates a sequence of early childhood identity development, which progresses through the following stages: symbiosis, differentiation, practicing, rapprochement and individuation. Other writers (Blos, 1962, 1979; Crastnopol, 1980; Josselyn, 1973) propose that a recapitulation of this process occurs at adolescence through young adulthood, and that this "second individuation" (Blos, 1962, 1979) is necessary for the eventual attainment of an autonomous identity.

Crastnopol (1980) developed the Identity Vis-a-Vis Mother Questionnaire to measure mother-daughter relationships as an early adult analog to Mahler's phases. The Individuated scale is supposed to reflect a healthy autonomy within a loving bond, while Practicing should represent an ambivalent relationship. Symbiosis was designed to measure an over-dependence on mother and Distancing, an angry rejection of mother. Crastnopol found adolescent girls are more likely to perceive a symbiotic relationship while adult women usually reported an individuated or distanced relationship. Thus, it was suggested that young adult women may recapitulate the earlier separation individuation phases.

This study was designed to explore whether normative development does proceed from symbiotic toward individuation in young women and if the sequencing of stages is different for those who acknowledge emotional distress. Furthermore, each of the four identity stances was expected to relate to specific personality characteristics.

Methodology

Subjects

Women who range in age from 17 to 40 years were solicited to participate in this study, and they were divided into Life Stage 1 (17-22 years) and Life Stage 2 (23-40 years). Within each Life Stage the women were further divided according to whether or not they sought psychotherapy. The criteria for Life Stage 1 included the appropriate age; women who were pursuing undergraduate studies and whose primary maternal figure was still living. The criteria for Life Stage 2 included the appropriate age; working women, students or both; some formal education beyond high school, but not more than a Master's level degree and whose primary maternal figure was still living.

Measuring Instruments

1. A biographical information sheet was administered in order to obtain relevant demographic information on each participant.

2. Identity Vis-a-Vis Mother Questionnaire (IVM-20). This instrument was designed by Crastnopol (1980) as an inventory to assess separation-individuation issues modified to apply to adult development. It consists of four scales: (1) Individuated (2) Practicing (3) Distancing and (4) Symbiotic, with the score for each scale derived from 20 statements.

3. Clinical Analysis Questionnaire (CAQ). This instrument was designed by Cattell and his associates (Cattell, 1973; Cattell & Bolton, 1969; Delhees & Cattell, 1971) based on factor analysis of normal and pathological personality traits. There

ARE 16 NORMAL TRAITS FROM CATTELL'S SIXTEEN PERSONALITY FACTOR QUESTIONNAIRE AND 12 TRAITS RELATED TO PSYCHOPATHOLOGY.

Procedure

THE YOUNGER WOMEN FOR THE NON-CLINICAL PORTION OF THE SAMPLE WERE RECRUITED FROM UNDERGRADUATE COURSES IN GENERAL PSYCHOLOGY. REQUESTS FOR VOLUNTEERS WERE MADE TO SEVERAL GENERAL PSYCHOLOGY CLASSES AND THOSE WHO WISHED TO PARTICIPATE WERE TESTED IN SMALL GROUPS IN A SUPERVISED SETTING. THE OLDER PORTION OF THE NON-CLINICAL SAMPLE WAS OBTAINED FROM THREE INSTITUTIONS FROM WHICH WOMEN IN CLERICAL, MANAGERIAL OR PROFESSIONAL POSITIONS VOLUNTEERED. THE WOMEN WERE TESTED INDIVIDUALLY OR IN SMALL GROUPS OF TWO TO THREE WHICH MET AT A PREARRANGED TIME AND LOCATION.

WOMEN IN LIFE STAGE 1 WHO HAD REQUESTED OR JUST BEGUN PSYCHOTHERAPY WERE RECRUITED FROM COUNSELING CENTERS OF TWO LOCAL UNIVERSITIES. THOSE WHO VOLUNTEERED WERE ASKED TO COMPLETE THE QUESTIONNAIRES EITHER BEFORE OR AFTER A SUBSEQUENT COUNSELING CENTER VISIT. THEY WERE SCHEDULED ACCORDINGLY AND COMPLETED THE QUESTIONNAIRES UNDER INDIVIDUAL SUPERVISION. THOSE WOMEN WHO HAD BEGUN PSYCHOTHERAPY AND WERE APPROPRIATE FOR LIFE STAGE 2 WERE RECRUITED FROM TWO OUTPATIENT CLINICS. THOSE WHO VOLUNTEERED WERE TESTED ON A SUBSEQUENT VISIT TO THE CLINIC, EITHER BEFORE OR AFTER THEIR THERAPY SESSION.

Results

When IVM-20 scores were compared on the basis of women's ages and psychotherapy choice, several distinctions emerged. Symbiosis was more related to the treatment variable, with clinical groups attaining higher mean scores. In contrast, the age variables had more effect on the Distancing scale, in which the young groups had the higher scores. Practicing scale means were higher in the two clinical groups, although the younger nonclinical group means were not much lower. Individuated scores were so similar across groups that no differentiation was revealed on this IVM-20 scale.

In correlational analysis between IVM-20 scales and the CAQ, several personality characteristics were found to be significantly related to each identity stance. Individuated was correlated with self-reported behaviors involving emotional stability, assertiveness, self-assurance, enthusiasm, sensitivity ($p < .05$) and liberality ($p < .01$). Practicing was related to many of the CAQ variables, the most significant being emotionally unstable, submissive, shrewd, apprehensive, conservative, self-reliant and tense ($p < .001$).

The CAQ factors associated with symbiosis scale scores included reserved, submissive, apprehensive, self-reliant ($p < .001$) and serious ($p < .01$). Distancing scores were significantly correlated with the following: serious, self-assured and group dependent ($p < .001$) as well as warm hearted and assertive ($p < .01$).

Discussion

IVM-20 scale configurations for each group may provide an integration regarding possible meanings for this self-report measure. Among the young women, the clinical group was quite high on Distancing, Practicing and Symbiosis, indicating more variability with regard to an identity vis-a-vis mother. This could represent a degree of confusion or indecision, which might be expected to involve emotional distress. The nonclinical group was also high on Distancing and Practicing but low on Symbiosis. These young women may be more certain of their separateness from mother while also experiencing ambivalence during a transitional period. High Distancing among all the younger women might be assumed to represent their developmental progression into adulthood, while high Practicing might then reflect some internal confusion as this transition occurs and before a more definitive identity has evolved.

Among the older women, those in psychotherapy reported high acknowledgement of Practicing and Symbiosis but low endorsement of Distancing. These women may be experiencing an ambivalent dependency on mother. Women not in therapy scored high on Distancing and low on Practicing and Symbiosis, an opposite configuration, which seems to portray a comfortable separateness from mother.

The expectation that nonclinical women would evidence higher Symbiosis scores in the younger ages and high Individuated scores in the older ages was not corroborated. Hence, an identity development sequence which recapitulates Mahler's stages cannot

BE ASSUMED TO OCCUR IN YOUNG FEMALE ADULTHOOD. THIS MAY HAVE RESULTED, IN PART, FROM THE INABILITY OF THE INDIVIDUATED SCALE TO DEMONSTRATE ANY SIGNIFICANT DIFFERENCES AMONG THE GROUPS, WHICH MAY BE A CONSEQUENCE OF ITS PSYCHOMETRIC PROPERTIES. THIS SCALE CONTAINS ITEMS WHICH WERE THE MOST CONSISTENTLY ENDORSED BY ALL THE PARTICIPANTS AND MAY REPRESENT MORE SOCIAL DESIRABILITY THAN THE OTHER SCALES.

THE INDIVIDUATED AND DISTANCING SCALES WERE CONSISTENTLY RELATED TO A MORE POSITIVE SELF-REPORT ON CAQ PERSONALITY CHARACTERISTICS THAN WERE PRACTICING AND SYMBIOSIS. ALTHOUGH THE CORRELATIONS DID NOT PROVIDE DIRECT INFORMATION ABOUT DIFFERENCES BETWEEN THE FOUR GROUPS OF WOMEN, THE OVERALL RESULTS WERE CONSISTENT WITH THE PSYCHOTHERAPY SEEKING FACTOR. THAT IS, SYMBIOSIS AND PRACTICING, WHICH WERE MORE OFTEN RELATED TO THE LESS SATISFIED PERSONALITY SELF-REPORT, WERE ALSO MORE LIKELY FOUND AMONG WOMEN SEEKING PSYCHOTHERAPY. THE OPPOSITE WAS FOUND FOR DISTANCING. THE CORRELATIONS PROVIDED SOMEWHAT MORE INFORMATION ABOUT THE INDIVIDUATED SCALE THAN WAS FOUND WHEN IT WAS COMPARED BY GROUP DIFFERENCES. HOWEVER, THESE CORRELATIONS WERE GENERALLY LOW, SO ANY INTERPRETATION MUST BE GUARDED. WITH THE HIGH NUMBER OF CORRELATIONS INVOLVED FOR ALL THE IVM-20 SCALES, SOME OF THEM NO DOUBT RESULTED FROM CHANCE. IT WOULD BE MORE JUDICIOUS TO CONSIDER THE CONFIGURATION OF CAQ FACTORS ASSOCIATED WITH IVM-20 SCALES, THAN TO ASSUME THAT EACH SIGNIFICANT ONE REVEALS A DEFINITE RELATIONSHIP.

TABLE 1

TWO BY TWO ANALYSIS OF VARIANCE (GROUP BY AGE)
FOR EACH IVM-20 SCALE

	INDIVIDUATED	PRACTICING	SYMBIOSIS	DISTANCING
MAIN EFFECTS	.155	4.248*	6.123**	7.629**
GROUP CLINICAL NON-CLINICAL	.000	4.984*	10.829**	2.570
AGE LIFE STAGE 1 LIFE STAGE 2	.310	3.512	1.418	2.689**
INTERACTION EFFECTS	.960	1.164	.276	.405

NOTE:

*P < .05
**P < .01

TABLE 2

SUMMARY OF MEANS AND STANDARD DEVIATIONS
FOR EACH GROUP ON IVM-20 SCALES

	NON-CLINICAL		CLINICAL	
	LS 1	LS 2	LS 1	LS 2
INDIVIDUATED				
MEAN	20.04	21.71	20.13	20.67
S.D.	5.12	5.57	5.60	4.93
PRACTICING				
MEAN	10.38	6.54	11.80	10.83
S.D.	7.11	4.05	6.49	6.91
SYMBIOSIS				
MEAN	5.79	6.88	10.29	13.08
S.D.	6.47	6.60	9.01	9.29
DISTANCING				
MEAN	15.13	10.33	13.54	6.67
S.D.	8.50	6.81	10.26	5.80

TABLE 3

PEARSON PRODUCT-MOMENT CORRELATIONS OF CAQ SCALES WITH IVM-20 SCALES

	CAQ SCALES	IND	PRAC	SYM	DIST
RESERVED/ WARM HEARTED	A	.16	-.10	-.35***	.29**
EMOTIONALLY UNSTABLE/STABLE	C	.20*	-.36***	-.06	.07
SUBMISSIVE/ASSERTIVE	E	.18*	-.32***	-.35***	.27**
SERIOUS/ENTHUSIASTIC	F	.20*	-.26**	-.25**	.32***
EXPEDIENT/ CONSCIENTIOUS	G	.09	-.00	.11	-.12
SHY/BOLD	H	.10	-.20*	-.21*	.06
TOUGH MINDED/ SENSITIVE	I	.22*	.22*	-.05	.10
TRUSTING/SUSPICIOUS	L	-.09	.10	-.01	-.04
PRACTICAL/IMAGINATIVE	M	.16	.22*	.16	-.22*
UNPRETENTIOUS/SHREWD	N	.10	.39***	.15	-.17*
SELF-ASSURED/ APPREHENSIVE	O	-.22*	.43***	.37***	-.39***
CONSERVATIVE/LIBERAL	Q1	.26**	-.33**	-.01	-.10
GROUP ADHERENCE/ SELF-RELIANCE	Q2	.01	.33***	.34***	-.32***
UNDISCIPLINED/CONTROLLED	Q3	-.01	.07	.03	-.03
RELAXED/TENSE	Q4	-.09	.36***	.05	-.09

NOTE:

*p < .05
**p < .01
***p < .001

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